Template request for an independent healthcare record review

The responses included in *italics* below are sample text only. Please replace with your own responses.

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| **Request for the provision of a Healthcare Record Review in relation to the care provided to** |
| Name of service user: |
| Requestor details: |
| Background to Request:  *Brief description of the case and the concerns raised which prompted this request.* |

Terms of Reference (amend in line with the request)

1. To receive and consider the following documentation as it relates to the care *of XX from e.g. her/his admission on XX/XX/XXXX to e.g. her/his death/discharge on XX/XX/XXXX (list the documentation provided below)*
2. *XXX*
3. *YYY*
4. *ZZZ*
5. *Etc*
6. To consider the following *(list below the specific areas that you want the healthcare record review to consider e.g)*
7. *Provide an opinion based on their review of the relevant records as to whether the aspects of care delivered that relate to their area of subject expertise were appropriate and/or reasonable in the circumstances.*
8. *The questions/concerns raised by the service user/family with the hospital/service to what extent the care documented in the healthcare record can provide answers in relation to these.*
9. To provide a report to the requestor which sets out the following:
10. The qualifications, experience and expertise of the writer.
11. The documentation that was made available.
12. The facts of the case upon which the opinion is given or any assumptions that were made.
13. The specific questions being asked in 2. above.
14. The answers to each of those questions.
15. The reasoning that led to those answers.
16. Any further comments that occur to the writer (whether asked or otherwise)
17. References for other documentation referred to (for example, clinical guidelines, research publications or other documents that support the opinion being tendered which must be produced where it is practicable to do so and where the article is being relied upon by the reviewer)

Date: XX/XX/XXXX